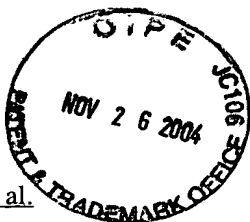


IFW

KODA LAW OFFICE
19689 - 7th Avenue NE, No. 307
Poulsbo, Washington 98370



Atty. Docket No. OT2.P17-4

Date November 22, 2004

In re application of Tidwell et al.

Serial No. 10/824,845

Filed: April 15, 2004

Group Art Unit: 2673

I hereby certify that this is being deposited with the United States Postal Service as first class Mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on November 22, 2004 (Date of Deposit)

By Steven P. Koda
Steven P. Koda

For: Scanned Beam Display with Focal Length Adjustment

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "Amendment" for the above-identified application.

☐ Enclosed is a petition to extend the time to respond.

☒ Small entity status under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 is enclosed.

☐ _____

☐

The filing fee has been calculated as shown below:

	(Col. 1) Claims After Amendment		(Col. 2) No. Paid Before	(Col. 3) No. Extra
Total	* <u>-11-</u>	Less	** 20	<u>-0-</u>
Indep	* <u>-05-</u>	Less	*** 5	<u>-0-</u>

☐ : First Time Mult. Dep. Claims
Other

SMALL	ENTITY
Rate	Add. Fee
x 09	\$ <u>--</u>
x 44	\$ <u>--</u>
+ 150	\$ <u>--</u>
Total	\$ <u>--</u>

Other than a SMALL	ENTITY
Rate	Add. Fee
x 18	\$ <u>---</u>
x 88	\$ <u>--</u>
+ 300	\$ <u>---</u>
Extension	\$ <u>---</u>
Total	\$ <u>---</u>

* If the difference in Col. 1 is less than zero,
enter "0" in Col. 2.

Please charge my Deposit Account No. 11-1420 as follows:

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Number Paid Before" **IN THIS SPACE** is less than 20, write "20" **IN THIS SPACE**.

*** If the "Number Paid Before" **IN THIS SPACE** is less than 3, write "3" in this space.

The "Number Paid Before" (Total or Independent Claims) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

☒ Please charge my Deposit Account No. 11-1420 as follows:

☐ Claims fee \$

☐ Extension Fee \$

☒ Any additional fees associated with this paper.

☐ A check for --- is enclosed

-- copies of this sheet are enclosed.

Telephone:
206-686-3854

Respectfully Submitted,
KODA LAW OFFICE

Steven P. Koda 11-22-04
Steven P. Koda
Reg. No.: 32,252
Attorneys for Applicant



I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Va. 22313-1450 on 11-22-04.

By Steven P. Koda 11-22-04
Steven P. Koda

PATENT
OT2.P17-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tidwell et al.)	Examiner: Osorio, Ricardo
)	
Serial No.: 10/824,845)	Art Unit: 2673
)	
Filed: 04-15-04)	
)	
For: Scanned Beam Display with Focal Length Adjustment)	<u>AMENDMENT</u>
_____)	

Commissioner for Patents
Alexandria, VA. 22313-1450

Sir:

In response to the official action mailed September 7, 2004, please enter the following amendment.

Amendments to the claims are presented in the listing of claims beginning on page 2.

Remarks begin on page 6.